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CONFIRMATION NO. 4340

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|---|--|-------------------------------|---|---|--------------------------------|
| SERIAL NUMBER 10/807,823 | FILING OR 371(c) DATE 03/24/2004 RULE | CLASS 370 | GROUP ART UNIT 2609 | ATTORNEY DOCKET NO. 1014-075US01/JNP-0324 | |
| APPLICANTS Anthony D. Amiocangioli, Greenwich, CT; <i>Yes AR</i> Robert M. France, Carlisle, MA; | | | | | |
| ** CONTINUING DATA ***** <i>No AR</i> | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>No AR</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 06/04/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>AR</i> Examiner's Signature Initials | | STATE OR COUNTRY CT | SHEETS DRAWING 6 | TOTAL CLAIMS 25 | INDEPENDENT CLAIMS 5 |
| ADDRESS 28803 #72689 | | | | | |
| TITLE Selective replay of a state information within a computing device | | | | | |
| FILING FEE RECEIVED 1356 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |